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The Arizona Governor's Office
C·H·O·I·C·E·S Access to Recovery Program

TERROS, Inc. Final Report

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Executive Summary¹

TERROS, Inc., a community-based behavioral health organization serving the Maricopa County community; ATR enlisted TERROS' assistance to supplement the efforts of the Maricopa County Drug Court in providing ATR services. TERROS, Inc. recruited from client populations exclusively outside of the criminal justice system, thereby increasing population of ATR service-eligible individuals in Maricopa County.

Demographics

Although the gender distribution in Maricopa County is approximately equal (49.5% female), the majority of clients participating in the ATR program through TERROS, Inc., were male (70%). The representation of Hispanic clients receiving services through TERROS is proportional to that in the overall Maricopa County population. However, individuals who identify as white are moderately less well represented than what is observed in the general population.

Alcohol and Illegal Drug Use

Because the ATR program focuses on individuals affected by methamphetamine, the 57.7% reduction in the percentage reporting recent methamphetamine use is particularly encouraging. Also of note is the decline in the percentage of clients who reported drug use of any type. At intake over 90% (93.3%) indicated recent drug use. By the six-month follow-up, less than half (46.7%) reported using drugs recently. Similar declines were observed with marijuana use (-37.5%) and alcohol use (-27.3%); however, these were more modest changes. At intake clients reported using methamphetamines an average of 12.48 days. Six months later, this showed a statistically significant reduction to 2.78 days. The reduction of illegal drug use overall, from an average of 13.89 days to 4.59 days, was also statistically significant. Decreases were noted in alcohol, marijuana, and heroin use as well; however, none of these reached statistical significance.

Physical and Emotional Health

Clients' reported positive shifts in their perceived health status. A marked change in the percentage of clients reporting their overall health status as "poor" was observed (26.7% at intake and 0.0% by the six-month follow-up), as was a change in those indicating their overall health was "excellent." At intake only 3.3% felt they were in excellent health compared to the six-month follow-up, where 16.7% chose this category. Increases in the percentage reporting "very good" and "good" (20.0% and 66.7%, respectively) were seen as well.

¹ The report assumes the reader has some prior knowledge about the Arizona ATR program.

Medical Treatment Services: One would hope to see that as the individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. The majority of medical treatment service types were accessed more frequently at the six month follow-up than was reported at intake. However, it should be noted that these increases accounted for a minimal number of individuals, and possibly the more appropriate interpretation from these percentages is that the majority of clients generally do not access medical services.

Emotional Health Issues Caused by Alcohol or Illegal Drug Use: As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. A shift in the percentage of clients indicating “extreme” distress toward “not at all” in all three of the questions in this section was noted. Perhaps of more significance, however, is the percentage of clients to which this question no longer applied by the six-month follow-up. Only 3.3% fell into the “not applicable” category for drug use causing stress at intake. By the six-month follow-up this had increased to 33.3%. Similarly, the questions regarding substance use causing a reduction in activities and causing emotional problems were “not applicable” for 3.3% of the population at intake and 36.7% by the six-month follow-up.

Emotional Health Issues not Caused by Alcohol or Illegal Drug Use Risky Behavior: Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. The greatest change was seen in the percentage of clients reporting they had difficulties concentrating or understanding, not due to their alcohol and drug use, which declined 40.0% from intake to the six-month follow-up. The percentage of clients who reported being unable to control violent behavior in the previous 30 days decreased between intake and follow-up as well (-55.6%), as did the percentage of those who felt depressed (-20.0%). A lesser reduction in the percentage of clients who were coping with anxiety (73.3% at intake to 60.0% at the six-month follow-up), suggests that clients were having greater challenges making progress in this area. Although the percentage of clients reporting that they were experiencing emotional health issues declined, the average number of days clients coped with these issues did not show statistically significant decreases.

Risky Behavior: Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual’s inhibitions. Twenty five percent (25.0%) fewer clients were engaging in sexual activity at the six-month follow-up than at intake. Although the average number of sexual contacts was virtually unchanged (6.90 at intake and 6.80 after six months), the average number of unprotected sexual contacts decreased from 6.00 to 4.10 within the six month period. This may be an indication that clients received education regarding risk reduction, perhaps through their interactions with ATR providers.

Connection to Individual and Community Support Systems

Recovery and Social Support: Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Over 20% (23.5%) fewer clients attended voluntary self-help groups, such as Alcoholics Anonymous, at the six-month follow-up than did at intake. A reduction was also seen in the percentage of clients who attended religious self-help groups, from 16.7% at intake to 3.3% by the six-month follow-up. Interactions with supportive family and friends decreased 18.5%. However, this decline may be due to clients substituting new support systems for those that may prove to be detrimental to their recovery process.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. Connections to family members as a primary source of support increased from 53.3% at intake to 60.0% at the six-month follow-up. At the same time a one third smaller percentage (-33.3%) of clients reported turning to friends when they have problems. Again, this change may be due to the clients' desire to create a healthier support environment.

Employment and Education: As individuals work toward recovery, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. A 50.0% increase in the percentage of clients reporting both full-time and part-time employment was reported. This may correlate to the 18.2% decrease in the percentage of clients who were unemployed but looking for work. Of particular note is the 16.7% decline in those who were not looking for work as this readiness may suggest successes in the clients' progress toward recovery.

Housing Stability: Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is housing stability. Changes in housing stability can be difficult to interpret because the housing needs of this population changes frequently as they progress through recovery. For example, the 54.5% decrease in percentage of clients living in their own house or apartment may not be cause for concern as clients move into potentially more supportive housing. One third (33.3%) more clients reported living in someone else's house or apartment at the 6-month follow-up, while, 10.0% more clients found themselves living in an institution by the time of the six-month follow-up interview.

Criminal Justice Involvement

A 60.0% reduction in the percentage of clients arrested in the six months between intake and follow-up was reported and none of those reporting an arrest at the 6-month follow-up were arrested for drug-related offenses. There was also a 50.0% reduction in the percentage of clients who committed a crime in the previous 30 days. During the intake interview, clients reported committing an average of 53.93 crimes within the previous 30 days. By the six-month follow-up, this had decreased to an average of 24.67. Although this is a noteworthy reduction, it is not statistically significant.

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Arizona CHOICES Access to Recovery

In 2003, President George W. Bush proposed in his State of the Union Address a new three-year competitive discretionary grant program to provide people seeking drug and alcohol treatment services with vouchers to pay for a range of appropriate community-based clinical treatment and recovery support services. The program was launched in August 2004 when the President announced the first three-year Access to Recovery (ATR) grants.

In 2007, a second round of ATR grants (ATR II) was announced. The State of Arizona Governor's Office for Children Youth and Families (GOCYF) applied for an ATR II grant and in September 2007, was awarded approximately \$8.3 million over three years, from 2007-2010. The grant is administered by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT).

The goals of the AZ ATR program, called Changing How Open Independence Can Ensure Success (CHOICES), were to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services. AZ ATR did this by developing and implementing a cost-effective treatment and recovery support services voucher system for individuals with methamphetamine-related substance use disorders.

TERROS, Inc.

TERROS is a community-based behavioral health organization serving the Maricopa County community to assist individuals with substance abuse and serious mental illnesses. ATR enlisted TERROS' assistance to supplement the efforts of the Maricopa County Drug Court in providing ATR services. TERROS focused exclusively on methamphetamine-affected individuals in the community who were recruited outside of the criminal justice system, thereby increasing population of ATR service-eligible individuals in Maricopa County.

ATR Data

Once an individual's eligibility for the ATR program has been established, an intake interview is conducted, part of which includes a staff-administered Government Performance and Results Act (GPRA) instrument. The GPRA is also administered six months after the client's intake and again when the client is discharged from the ATR program. The findings in this report are based on data collected from the GPRA at intake and again at the six-month follow-up. Because discharge may happen later than the six-month follow-up, fewer clients have complete discharge information. Therefore, those data have not been included in this analysis.

Results

As of August 31, 2010 TERROS ATR had 30 clients with both intake and 6-month follow-up data.

Client Demographic Information

Although the gender distribution in Maricopa County is approximately equal (49.5% females), the majority of clients participating in the ATR program through TERROS, Inc., are male (70%). Table 1 categorizes the gender percentages.

Table 1: Client Gender

N=30	N	%
Male	21	70.0%
Female	9	30.0%

In Maricopa County, 33.6% of the overall population identifies as Hispanic. Table 2, which presents the breakdown of client ethnicity and race, shows that the representation of Hispanic clients is proportional to that in the overall county population. However, individuals who identify as white are moderately fewer than what is represented in the overall population, with 70% of the client population identifying as white compared to 90.6% in Maricopa County's overall population.

Table 2: Client Ethnicity and Race

N=30	N	%**
Hispanic*	9	30.0%
White	21	70.0%
African American	1	3.3%
Native American	4	13.3%
Other	0	0.0%

*Hispanic origin ethnicity is considered separate from race.

**Because client can indicate more than one race, total may not equal 100%.

Alcohol and Illegal Drug Use

The intentions behind ATR's goals to expand capacity, service availability, and support for individuals who need assistance in their attempts to quit using alcohol and illegal drugs is that successfully reaching these objectives would ultimately translate into decreases in client alcohol and drug use. Between the client's intake and 6-month follow-up assessment, one would expect a program that is experiencing successes to see the alcohol and drug use rates decrease. Table 3 provides a breakdown of the percentage of clients reporting alcohol at intake and again at the six-month follow-up.

Table 3: Percent of clients reporting alcohol and/or illegal drug use at intake and follow-up

N=30	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
clients reporting alcohol use	36.7%	26.6%	-27.3%
clients reporting intoxication 5+ drinks	16.6%	13.4%	-20.0%
clients reporting intoxication 1-4 drinks	16.6%	16.6%	0.0%
clients reporting illegal drug use	93.3%	46.7%	-50.0%
clients reporting both alcohol and illegal drug use	26.6%	9.9%	-57.1%
clients reporting marijuana use	26.7%	16.5%	-37.5%
clients reporting heroin use	13.4%	3.3%	-75.0%
clients reporting methamphetamine use	86.7%	36.6%	-57.7%

*Follow-up data % includes a minimal amount of missing data.

Because the ATR program focuses on individuals affected by methamphetamine, the 57.7% reduction in the percentage reporting recent methamphetamine use is particularly encouraging. Also of note is the decline in the percentage of clients who reported drug use of any type. At intake over 90% (93.3%) indicated recent drug use. By the six-month follow-up, less than half (46.7%) reported using drugs recently. Similar declines were observed with marijuana use (-37.5%) and alcohol use (-27.3%); however, these were more modest differences.

In addition to reviewing the percentage of individuals who report using alcohol, an assessment of the frequency can be indicative of whether clients who may still be struggling to abstain from alcohol or illegal drug use are, at minimum, showing a reduction in the frequency of their substance use. Table 4 provides the average number of days of use at intake and the 6-month follow-up and whether any changes reached statistical significance.

Table 4: Average number of days clients used alcohol and/or illegal drugs

N=30	Average at Intake	Average at 6 month follow-up	Statistically Significant Change?
In the past 30 days...			
# of days clients reported alcohol use	3.59	1.96	<i>no</i>
# of days clients reported drinking 5+ drinks	3.50	5.25	<i>no</i>
# of days clients reported drinking 1-4 drinks	3.75	2.00	<i>no</i>
# of days clients reported illegal drug use	13.89	4.59	<i>yes</i>
# of days clients reported using both alcohol and illegal drugs	2.50	2.00	<i>no</i>
# of days clients reported marijuana use	2.41	1.70	<i>no</i>
# of days clients reported heroin use	0.33	0.22	<i>no</i>
# of days clients reported methamphetamine use	12.48	2.78	<i>yes</i>

In addition to the decreasing number of clients reporting drug use, as discussed above, the average number of days using illegal drugs, and methamphetamine in particular, declined as well. At intake clients reported using methamphetamine an average of 12.48 days. Six months later, this showed a statistically significant reduction to 2.78 days. The reduction of illegal drug use overall, from an average of 13.89 days to 4.59 days, was also statistically significant. Decreases were noted in alcohol, marijuana, and heroin use as well; however, none of these reached statistical significance.

Physical and Emotional Health

Illegal drug and alcohol use frequently causes marked changes in an individual's physical and mental health. As clients begin their recovery process, their perceptions of, and focus on, physical and emotional health changes. Once their bodies are no longer being subjected to chemicals, clients may feel the improvements in their physical and mental well-being. Conversely, clients may become aware of health issues for the first time and find the need to focus on the *lack* of physical or mental well-being. Regardless of the direction of change, success cannot be measured by constants, but rather by assessing the changes as reported by the clients themselves. Table 5 shows the overall health status as reported by the clients and the percentage of change between the intake and six-month follow-up.

Table 5: Overall health status as reported by clients at intake and follow-up

N=30	% at Intake	% at 6 month follow-up*	% Change
Current Overall Health			
Excellent	3.3%	16.7%	400.0%
Very Good	16.7%	20.0%	20.0%
Good	20.0%	33.3%	66.7%
Fair	33.3%	20.0%	-40.0%
Poor	26.7%	0.0%	-100.0%

*Follow-up data % includes a minimal amount of missing data.

Clients' reported positive shifts in their perceived health status. A marked change in the percentage of clients reporting their overall health status as "poor" was observed (26.7% at intake and 0.0% by the six-month follow-up), as was those indicating their overall health was "excellent." At intake only 3.3% felt they were in excellent health compared to the six-month follow-up, where 16.7% chose this category. Increases in "very good" and "good" (20.0% and 66.7%, respectively) were seen as well.

Medical Treatment Services

Shifts seen in the types of medical treatment services clients are accessing may be indicative of their progress toward recovery. One would hope to see that as the individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Table 6 provides the percentage of clients accessing each type of service within the past 30 days as well as the percentage of change between intake and the six-month follow-up.

Table 6: Percent of clients receiving medical treatment for physical, mental and substance abuse

N=30	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
Received ER treatment for physical problem	26.7%	13.3%	-50.0%
Received inpatient treatment for physical problem	3.3%	3.3%	0.0%
Received outpatient treatment for physical problems	13.3%	20.0%	50.0%
Received ER treatment for alcohol or drug problems	0.0%	3.3%	300.0%
Received inpatient treatment for alcohol or drug problems	3.3%	13.3%	300.0%
Received outpatient treatment for alcohol or drug problems	46.7%	20.0%	-57.1%
Received ER treatment for mental or emotional problems	10.0%	10.0%	0.0%
Received inpatient treatment for mental or emotional problems	10.0%	3.3%	66.7%
Received outpatient treatment for mental or emotional problems	20.0%	10.0%	-50.0%

*Follow-up data % includes a minimal amount of missing data.

Decreases in the amount of medical health services sought by clients were reported in three categories: outpatient treatment for alcohol or drug problems (-57.1%), emergency room treatment for physical problems, and outpatient treatment for emotional problems (both -50.0%). All other medical treatment service types were accessed more frequently at the six month follow-up. However, it should be noted that these increases accounted for a minimal number of individuals, and possibly the more appropriate interpretation from these percentages is that the majority of clients generally do not access medical services.

Emotional Health Issues Caused by Alcohol and/or Illegal Drug Use

The effects of alcohol and drug use frequently impact emotional health. An individual's perception as to the severity of their distress alludes to the depth of their alcohol- and/or drug-induced emotional health issues. One indication of client recovery efforts is the reduction in the relative level that clients feel disturbed by these emotional health issues. ATR service providers, such as substance use counseling and treatment, were available to support the clients with their

recovery efforts. Table 7 provides the percentage of clients who respond to each category of perceived levels of distress as well as the percentage of change between intake and the six-month follow-up.

Table 7: Level of perceived distress over alcohol and/or illegal drug use

In past 30 days AOD...		% at Intake	% at 6 month follow-up*	% Change
Caused stress				
	Not at all	6.7%	16.7%	150.0%
	Somewhat	13.3%	13.3%	0.0%
	Considerably	26.7%	20.0%	-25.0%
	Extremely	50.0%	6.7%	-86.7%
	Not Applicable**	3.3%	33.3%	
Caused reduction in activities				
	Not at all	16.7%	23.3%	40.0%
	Somewhat	6.7%	0.0%	-100.0%
	Considerably	23.3%	13.3%	-42.9%
	Extremely	43.3%	16.7%	-61.5%
	Not Applicable**	3.3%	36.7%	
Caused emotional problems				
	Not at all	6.7%	13.3%	100.0%
	Somewhat	20.0%	13.3%	-33.3%
	Considerably	33.3%	16.7%	-50.0%
	Extremely	36.7%	10.0%	-72.7%
	Not Applicable**	3.3%	36.7%	

*Follow-up data % includes a minimal amount of missing data.

**Applies only to individuals who used alcohol and/or illegal drugs in past 30 days

As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. As indicated in Table 7, there was a shift from clients indicating “extreme” distress to “not at all,” in all three of the questions in this section. Perhaps of more significance, however, is the percentage of clients to which this question no longer applied by the six-month follow-up. The GPRA is designed so that if a client has not used alcohol or illegal drugs in the past 30 days, the question is “not applicable.” For each of the three questions, the percentage of individuals for whom the question was “not applicable” increased dramatically. Only 3.3% fell into the “not applicable” category for causing stress at intake. By the six-month follow-up this had increased to 33.3%. Similarly, the questions regarding substance use causing a reduction in activities and causing emotional problems were “not applicable” for 3.3% of the population at intake and 36.7% by the six-month follow-up.

Emotional Health Issues Not Caused by Alcohol and/or Illegal Drug Use

Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. Once the alcohol and drug use is removed, these issues may present themselves at the forefront and require the clients to confront their problems. ATR services included counseling to assist clients in dealing with these issues. As with other aspects of their physical and emotional health, resolving the underlying emotional health issues reported by the clients may aid them in their overall recovery. Table 8 presents the percentage of clients who reported experiencing emotional health issues not related to alcohol or drug use in the past 30 days.

Table 8: Percent of clients experiencing emotional health issues not related to alcohol and/or illegal drug use

N=30	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days not due to AOD use...			
clients experiencing depression	66.7%	53.1%	-20.0%
clients experiencing serious anxiety	73.3%	60.0%	-9.1%
clients experiencing hallucinations	23.3%	10.0%	-57.1%
clients who were unable to concentrate/ understand	66.7%	40.0%	-40.0%
clients who were unable to control violent behavior	30.0%	13.2%	-55.6%
clients who attempted suicide	13.3%	0.0%	-100.0%

*Follow-up data % includes a minimal amount of missing data.

A decline in the percentage of clients who were affected by emotional health issues not related to alcohol and/or illegal drug use in the previous 30 days was also seen. In particular the percentage of clients reporting they had difficulties concentrating or understanding that were not due to their alcohol and drug use declined from 66.7% at intake to 40.0% at the six-month follow-up, a decrease of 40%. The percentage of clients who reported being unable to control violent behavior in the previous 30 days also decreased between intake and follow-up (-55.6%), as did the percentage of those who felt depressed (-20.0%). A lesser reduction in the percentage of clients who were coping with anxiety (73.3% at intake to 60.0% at the six-month follow-up), suggests that clients were having greater challenges making progress in this area.

The frequency with which clients experience these emotional health issues is an important indicator of how much the clients are struggling with these feelings. Table 9 shows the average number of days the clients have experienced emotional challenges and whether any changes were statistically significant.

Table 9: Average number of days clients experienced emotional health issues not related to alcohol and/or drug use

N=27	Average at Intake	Average at 6 month follow-up	Statistically Significant Change?
In the past 30 days not due to AOD use...			
# of days experiencing depression	12.63	6.63	<i>no</i>
# of days experiencing serious anxiety	13.26	10.30	<i>no</i>
Average # of days experiencing hallucinations	2.00	2.67	<i>no</i>
# of days unable to concentrate/understand	11.00	6.48	<i>no</i>
# of days unable to control violent behavior	1.56	0.44	<i>no</i>
# of times attempted suicide	1.56	0.00	<i>no</i>

$p < 0.05$

Although the percentage of clients reporting that they were experiencing emotional health issues declined, the average number of days clients coped with these issues did not show a statistically significant decreases. Nonetheless, the average number of days clients felt depressed declined noticeably, from an average of 12.63 days at intake to 6.63 days six months later. Similarly, the average number of days clients reported being unable to concentrate or understand went down from 11.00 days at intake to 6.48 at the follow-up. Minor reductions were observed for the average number of days clients experienced serious anxiety, were unable to control violent behavior, or attempted suicide. Again, however, these changes were not statistically significant.

Risk Behaviors

Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual's inhibitions. Not surprisingly these risk behaviors may jeopardize the physical health of these individuals. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. Table 10 presents the percentage of clients engaging in risky behavioral activities and the average frequency of these activities.

Table 10: Percent of clients engaging in sexual activity and the average number of reported risky sexual contacts

N=30	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
% Engaging in sexual activity	53.3%	40.0%	-25.0%
Average # of sexual contacts	6.90	6.80	<i>no</i>
Average # of unprotected sexual contacts	6.00	4.10	<i>no</i>
Average # of unprotected sexual contacts with an IV drug user	0.50	0.75	<i>no</i>
Average # of unprotected sexual contacts with a person who is HIV/AIDS+	*	*	*

*Too few pairs existed to compare the means

The percentage of clients engaging in sexual activity decreased by 25.0% within the six months between intake and follow-up. However, the average number of sexual contacts changed very little during this time period. Encouragingly, the average number of unprotected sexual contacts decreased from 6.00 contacts at intake to 4.10 contacts at the six-month follow-up. This may be an indication that clients received education regarding risk reduction, perhaps through their interactions with ATR providers. A slight but insignificant increase was reported for the average number of sexual contacts with IV drug users.

Connection to Individual and Community Support Systems

Fundamental to achieving recovery from substance use is an individual's successful reintegration into their communities. The extent to which the client connects to social support, at both an individual and a community level, may be indicative of their successes in this realm. Following are outcome results for three indicators of individual and community connectedness: individual recovery and support systems, community contribution through work or school, and housing stability.

Recovery and Social Support

Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Table 11 presents the percentage of individuals who have developed helpful support systems through self-help groups and/or with supportive family and friends.

Table 11: Percent of clients who indicate having social support through self-help groups and/or supportive family members and friends

N=30	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
Attended voluntary self-help groups	56.7%	43.3%	-23.5%
Attended religious self-help groups	16.7%	3.3%	-80.0%
Attended other organizations that support recovery	13.3%	13.3%	0.0%
Interacted with family members who support recovery	90.0%	73.3%	-18.5%

*Follow-up data % includes a minimal amount of missing data.

Over 20% (23.5%) fewer clients attended voluntary self-help groups, such as Alcoholics Anonymous, at the six-month follow-up than did at intake. A reduction was also seen in the percentage of clients who attended religious self-help groups, from 16.7% at intake to 3.3% by the six-month follow-up. Interactions with supportive family and friends decreased 18.5%. This decline may be due to clients substituting new support systems for those that proved to be detrimental to their recovery process.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. Sometimes clients may find that this support person changes when they begin their recovery process and discover new, healthier support relationships. Table 12 relays the clients responses to whom they consider to be their primary support at intake and at the 6-month follow-up. The percentage of change is also included.

Table 12: Percent of clients indicating a primary source of support at intake and 6-month follow-up

N=30	% at Intake	% at 6 month follow-up*	% Change
Whom do you turn to when you're having problems			
No one	0.0%	3.3%	300.0%
Clergy member	0.0%	0.0%	0.0%
Family member	53.3%	60.0%	12.5%
Friends	10.0%	6.7%	-33.3%
Other	36.7%	20.0%	-45.5%

*Follow-up data % includes a minimal amount of missing data.

Connections to family members as a primary source of support increased from 53.3% at intake to 60.0% at the six-month follow-up. At the same time one third fewer (-33.3%) clients reported turning to friends when they have problems. Although the category “no one” saw an increase of 300%, this actually accounts for only one individual’s response.

Employment and Education

As individuals work on their alcohol and illegal drug use issues, as well as any other emotional issues they need to address, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. Because clients may have been out of the workforce for a lengthy period of time or lack the training and skills to obtain adequate employment, ATR service providers were available to provide career and training guidance. Table 13 presents the percentage of clients reporting employment status, and Table 14 shows the percentage of clients reporting their school or training status.

Table 13: Percent of clients indicating employment status at intake and 6-month follow-up

N=30	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
Clients reporting full time employment	13.3%	20.0%	50.0%
Clients reporting part time employment	13.3%	20.0%	50.0%
Clients reporting unemployed—looking for work	36.7%	30.0%	-18.2%
Clients reporting unemployed—not looking for work	20.0%	16.7%	-16.7%

*Follow-up data % includes a minimal amount of missing data.

Positive progress relating to the clients’ employment during the six month time period was documented. A 50.0% increase in both full-time and part-time employment was reported. This may correlate to the 18.2% decrease in the percentage of clients who were unemployed but looking for work. Of particular note is the 16.7% decline in those who were not looking for work as this readiness may suggest successes in the clients’ progress toward recovery.

Table 14: Percent of clients indicating school/training status at intake and 6-month follow-up

N=30	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
clients currently enrolled in school/training full time	0.0%	3.3%	300.0%
clients currently enrolled in school/training part time	3.3%	6.7%	100.0%
clients not enrolled in school or training	93.3%	80.0%	-14.3%

*Follow-up data % includes a minimal amount of missing data.

Although the shifts in the percentage of clients involved in school or training accounts for a relatively small number of individuals, the changes reflect a positive move toward recovery.

Housing Stability

Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is stability. This includes housing stability, which is often missing when clients first enter the program. Through ATR services, aid was available to help clients become more stable in their housing situation, whether it was from transitional housing, or by assisting the clients to the point where they are able to secure stable housing on their own. Table 15 represents the clients housing status as reported at intake and the 6-month follow-up.

Table 15: Percent of clients indicating current housing status at intake and 6-month follow-up

N=30	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
clients living in a shelter	3.3%	3.3%	0.0%
clients living outdoors/streets	10.0%	0.0%	-100.0%
clients living in an institution	0.0%	10.0%	100.0%
clients living in their own house/apartment	36.7%	16.7%	-54.5%
clients living in someone else's house/apartment	30.0%	40.0%	33.3%
clients living in a halfway house	20.0%	16.7%	-16.7
clients living in residential treatment	0.0%	3.3%	300.0%
clients living in other type of housing	0.0%	0.0%	0.0%

*Follow-up data % includes a minimal amount of missing data.

Changes in housing stability can be difficult to interpret because the housing needs of this population changes frequently as they progress through recovery. For example, the 54.5% decrease in clients living in their own house or apartment may not be cause for concern as clients move into potentially more supportive housing. One third (33.3%) more clients reported living in someone else's house or apartment. There were no changes in the percentage of clients living in a shelter, and no clients reported living outdoors or on the streets. Conversely, 10.0% more clients found themselves living in an institution at the follow-up interview. The type of institution is not specified and can range from jail or prison to in-patient treatment facilities not specific to alcohol or drug use.

Criminal Justice Involvement

Unlike the other five case management agencies participating in the Arizona ATR program, none of the clients of TERROS, Inc. were recruited directly through the criminal justice system. Nevertheless, the nature of challenges faced by these clients predisposes them to higher likelihood that they will have criminal justice involvement. Reducing involvement with the criminal justice system can be a lengthy process; however, improvements can be shown by the progression through the system.

Table 16: Percent of clients indicating involvement with criminal justice system at intake and 6-month follow-up

N=30	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
Arrested one or more times	16.6%	6.7%	-60.0%
Arrested for drug related offenses	3.3%	0.0%	-100.0%
Spent at least one night in jail	13.3%	13.3%	0.0%
Committed a crime	93.3%	46.6%	-50.0%
Currently awaiting charges, trial, or sentencing	20.0%	23.3%	16.7%
Currently on parole or probation	33.3%	23.3%	-30.0%

*Follow-up data % includes a minimal amount of missing data.

The percentage of clients involved in the criminal justice system and in illegal activity declined during the six months between intake and the follow-up. A 60.0% reduction in the percentage of clients arrested was reported, along with a 50.0% reduction in the percentage of clients who committed a crime in the previous 30 days. At the six-month follow-up, none of the 6.7% of clients arrested were arrested for drug-related offenses. There was an increase of 16.7% clients who were currently awaiting charges, trial, or sentencing. This may be a reflection of the percentage who reported they had recently been arrested at intake.

Table 17: Average number of criminal justice encounters as indicated at intake and 6-month follow-up

N=30	Average at Intake	Average at 6 month follow-up	Statistically Significant?
In the past 30 days...			
# of times arrested	0.22	0.07	<i>no</i>
# of times arrested due to drugs	*	*	*
# of nights spent in confinement	0.89	3.37	<i>no</i>
# of crimes committed	53.93	24.67	<i>no</i>

*Too few pairs existed to compare the means

During the intake interview, clients reported committing an average of 53.93 crimes within the previous 30 days. By the six-month follow-up, this had decreased to an average of 24.67. Because these clients were not recruited through criminal justice channels, and therefore did not have this additional motivation placed on them, this is a noteworthy reduction. However, the reduction was not statistically significant. The average number of nights clients spent in confinement increased slightly, from an average of 0.89 to 3.37 nights in confinement; this increase did not show statistical significance.

Summary

The TERROS, Inc. ATR client population showed overall success in many aspects of their recovery process. Decreases were seen in both the percentage of clients who were using alcohol and illegal drugs and the average number of days alcohol and illegal drugs were used. These changes were statistically significant for general illegal drug use and methamphetamine use.

Clients reported increases in their perception of their overall health status. Clients also indicated that they were less disturbed by emotional health issues, both those caused by alcohol and illegal drug use and those distinct from their substance abuse. However, none of the decreases observed with depression, serious anxiety, difficulties concentrating, or difficulties controlling violent behavior were statistically significant. A decline in risky sexual behaviors, including number of sexual contacts and number of unprotected sexual contacts were noted as well; although these decreases were encouraging, none were statistically significant.

Based on the clients' responses, it appeared that minimal movement toward building individual and community support networks was being made. Substantially fewer clients are participating in any one of three types of self-help support groups. It was also noted that clients were relying less on friends as a primary source of support, perhaps because clients felt the need to build healthier social support systems.

A 50.0% increase in percentage of clients employed both full-time and part-time was reported. This roughly corresponded with decreases in reported unemployment. No significant changes occurred in the percentage of clients involved in school or training, which was minimal at intake.

Shifts in housing stability were challenging to interpret due to the relatively small number of clients the change percentages represented. Most prominent was the decrease in clients living in their own house or apartment along with the increase of clients residing in someone else's house or apartment. Additionally there was a 10% increase in clients housed in an institutional setting.

Reductions in criminal justice and criminal activity involvement were seen in the number of arrests as well as the number of crimes committed. An increase in the percentage of clients awaiting charges, trial, or sentencing at the six-month follow-up is likely related to the percentage of client arrests reported during the intake interview. None of the changes in criminal justice involvement or criminal activity were statistically significant.

It must be noted that TERROS, Inc's client recruitment population was the only Arizona ATR Case Management agency that did not recruit clients through the criminal justice system, and therefore, the clients' motivation to seek recovery support services was not necessarily court driven. With this consideration, it is understandable that the successes achieved by the clients may be less dramatic than those observed from other case management agencies. Nonetheless, documented progress can be observed in clients receiving ATR services through TERROS, Inc.